

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>08/20/01</i>	<i>8/17</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>08/15</i>	<i>11/2</i>
FORMALITY REVIEW			<i>09/22/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	2	2	7/31
2	2	2	1/29
3	3	3	✓
4	4	4	✓
5	5	5	✓
6	7	7	✓
7	8	8	✓
8	9	9	✓
9	10	10	✓
10	11	11	✓
11	12	12	✓
12	13	13	0
13	14	14	✓
14	15	15	✓
15	16	16	✓
16	17	17	✓
17	18	18	0
18	19	19	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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